



**Employer Commitment to  
Commis Chef Apprenticeship Programme**

**Name of Premises:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Owner/General Manager:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Tel Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Name of Mentor:** \_\_\_\_\_

**No. of Commis Chef Apprenticeship(s) you will be applying for:** \_\_\_\_\_

**Name of proposed Apprentice(s) (if available):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed form must be returned to Nuala McLoughlin at [mcloughlin@ihf.ie](mailto:mcloughlin@ihf.ie)